

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18821

State File No.

Registrar's No.

97

LED MAY 24 1943 94
Registration District No. 2

Primary Registration District No. 3056

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
329 Fulton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Benick
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Columbus Mc Daniels

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased No data
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>			hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo D

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace _____ (City, town, or county) (State or foreign country) 9

14. Maiden name _____ (City, town, or county) (State or foreign country) 9

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Miss Mary Mc Lane

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Apr 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Prairie Twp.

18. (a) Signature of funeral director Malvan and Son

(b) Address Moberly Mo

19. (a) 4-26-43 (b) Jama Hove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24th
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 21
1943, to April 24, 1943
that I last saw him alive on April 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 3 hrs

Due to _____
Due to 94

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) sw
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Grubbs (M. D. or other) _____
Address Moberly Mo Date signed 4-28-43

RECEIVED
District Health Officer No. 10
District File Number 5-43-878
Date Filed MAY 21 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.